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THE DOCTORS WEEKLY

A STRICTLY ETHICAL NEWSPAPER FOR THE MEDICAL PROFESSION AT HOME AND ABROAD

VOL. II—No. 7. NEW YORK, AUGUST 13, 1892. TERMS $2.00 A YEAR.

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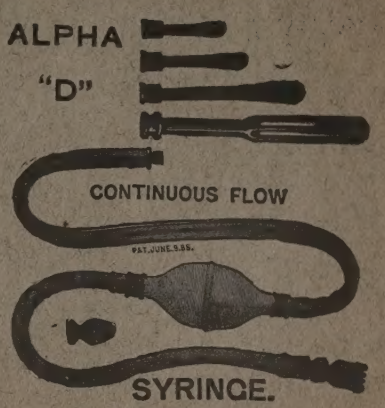

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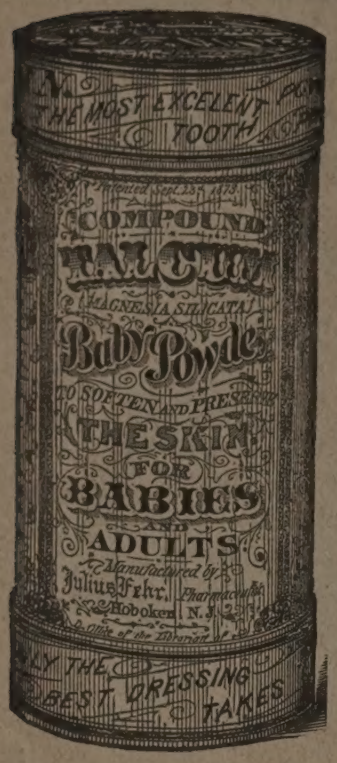

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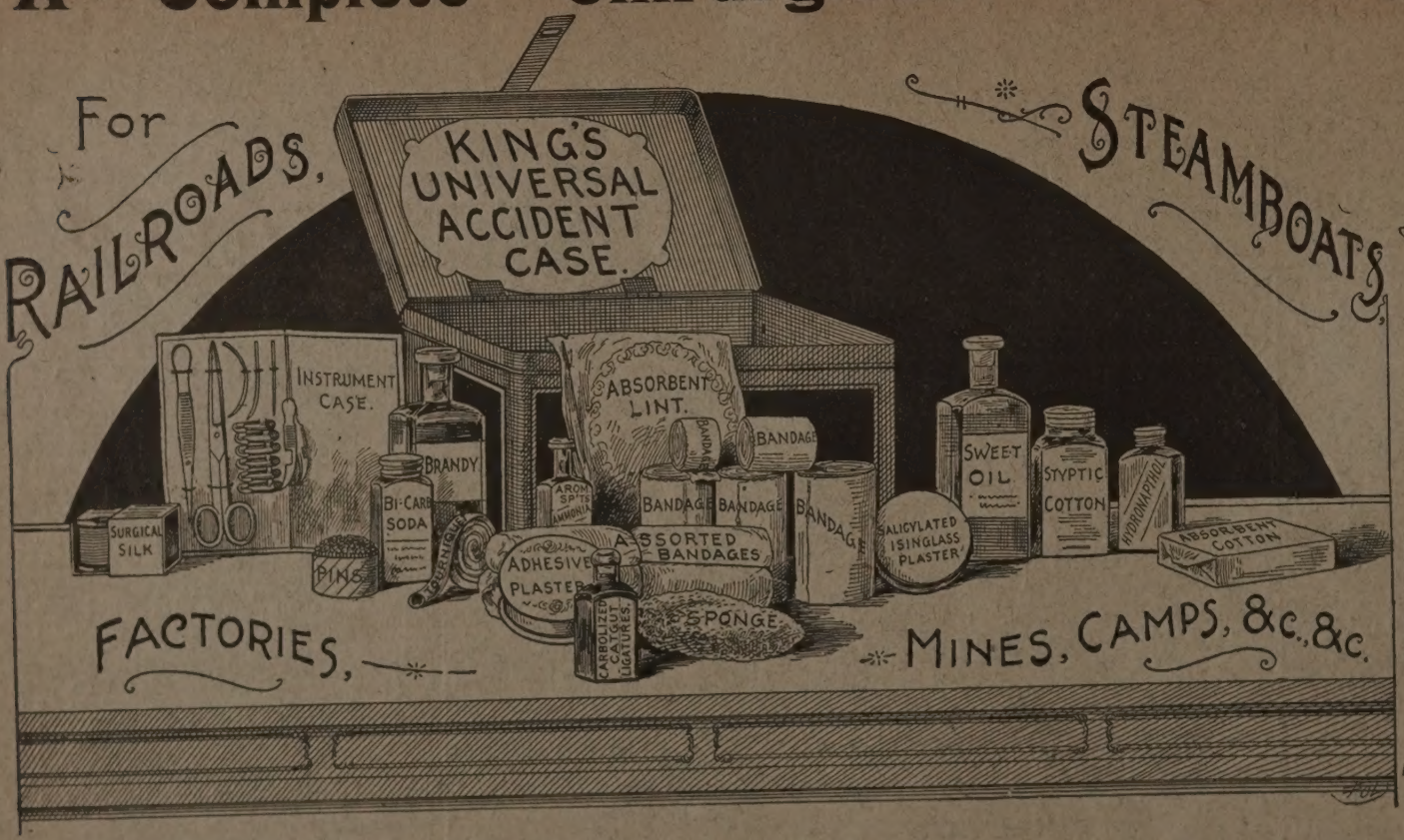

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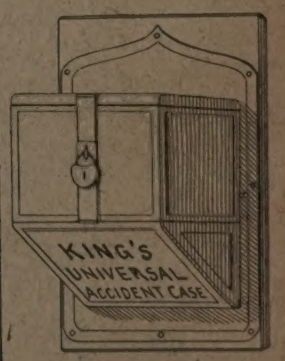

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THE TREATMENT OF CHRONIC NASAL CATARRH.

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(*Continued from last week.*)

TREATMENT.

I now return, after this digression from my subject, to the description of the steps of the little operation for reducing redundant tissue over the turbinated bones, by means of acid.

If anæsthesia has been pronounced complete, take a small probe, its end wrapped in absorbent cotton, and saturate this with *nitric acid*, press out the excess of acid, pass it then through a suitable nasal speculum into the naris to be operated upon, under the guidance of a good reflected light from your forehead mirror, and with a steady hand now draw it along, or press it firmly upon, the turbinated bone at its point of greatest convexity, contact being kept up for a few seconds. On withdrawing the probe the parts are seen to have become well whitened or blanched; moderate inflammatory reaction with a slough of varying depth follows, while the consolidation of the submucous tissues by the hyperplastic results of the inflammatory process, and the contraction of the cicatricial tissue occupying the site of the destroyed parts serve to reduce the hypertrophy and its resultant nasal obstruction in a most satisfactory manner. Frequently one application answers all purposes in freeing the nasal passages to the extent of allowing of uninterrupted respiration. The process, however, may require repetition.

The operation with *glacial acetic acid* is performed in the same manner; causes little secondary inflammation, and destroys less tissne. This agent, then, may be selected for the more moderate and more recent cases of hypertrophy.

Chromic acid is more radical in its effects than nitric; its fumes, though, are distressing to the patient. It possesses no advantage, for our purpose, over the other two thus far mentioned.

The *galvano or actual cautery*, either for the destruction of tissue in the nasal passages, or at the vault of the pharynx, is of course a radical and efficient agent. I allude to the former; the latter is hardly ever used. Its action is rapid and complete, but as its use requires much skill, especially when employed in the naso-pharyngeal region, you will probably prefer to entrust such cases to the hands of the specialists. Instances where it will be required are not very many, for I believe that we may accomplish the same results with less heroic means. The instruments are shown here, and a description of the method of using them will be found in most works on diseases of the throat and nose; to these I refer those of you who care to pursue the subject.

Nitrate of silver, as a destructive agent, I mention but to condemn. It causes but a superficial slough, and the application is of necessity frequently repeated in treating hypertrophied tissue of any extent; moreover, owing to its powerfully stimulating qualities, it excites cell proliferation, and causes structural changes that are not desirable.

After the use of any form of *caustic* in the nasal passages, immediately upon the withdrawal of the probe, the parts should be flooded with an alkaline solution. The subsequent treatment of the case, at least until the slough has separated and the resultant ulcer healed, is based upon ordinary principles of cleanliness.

Now, there are two forms of hypertrophy of the tissues over the inferior turbinated bones that are occasionally met with clinically, and which cannot be successfully treated by any methods of which I have thus far spoken. The operations for their relief need, then, a special description. You will be able to perform them readily when you have acquired a little skill in intra-nasal surgery. There is no reason why you should not attempt them. The *first* is where the hypertrophy is *excessive*, and is mainly limited to the *anterior extremity* of the turbinated bone; to remove it, which you must do surgically, the procedure devised by Dr. Jarvis should be undertaken. The growths are usually sessile, but can be readily engaged in a loop of fine steel wire passed through a delicate *ecraseur*, devised by the same surgeon, if their base be first transfixed with a slightly curved needle, until the point projects above the growth into the nasal cavity. The wire loop is then arranged in such a manner that the portion of the needle projecting from the nostril, as well as the needle's point, is encircled by it, very much after the manner of a hare-lip suture. The wire loop is thus prevented from slipping off, and a portion of the hypertrophied tissues is readily secured, and is removed by screwing down the milled nut of the *ecraseur* and drawing the wire home.

This little operation is quickly done, and is not with the use of the cocaine solution painful; the relief that it affords is great.

More common than the above is excessive localized hypertrophy of the mucous membrane covering the *posterior extremities* of the inferior turbinated bones. It may be, as I told you in the second lecture, of such an extent that nearly the whole posterior naris is occluded by an irregular, grayish or whitish, sessile tumor, which projects outwards into the free space of the pharynx.

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Owing to its peculiar position it cannot be safely reached and destroyed by any caustic method; removed it must be to cure the patient. The small *ecraseur* already mentioned, and here shown, affords a satisfactory and efficient means for the entire extirpation. The instrument is passed through the nasal passage upon the affected side, the size and location of the growth having first been carefully studied by means of the rhinoscopic mirror, and the form of the wire loop arranged accordingly, and no great difficulty will be experienced in ensnaring it. Slight traction on the instrument and a few turns of the milled nut will now receive it firmly in the loop, and the mass is then *slowly* cut through by tightening the wire. Pain is avoided, if the cocaine has been thoroughly used to cause anæsthesia, and the hemorrhage is never such as to cause any apprehension.

This little operation alone, if judged by its results, constitutes one of the most marked advances of recent rhinoscopic surgery.

Still another special operation is required in cases in which the hypertrophy of the *glandular structures* at the vault of the pharynx is excessive, as is often seen in young subjects, the victims of a hypertrophic rhinitis. The tumor, thus formed, which we term *adenoid tumor* or *adenoid vegetations*, varies, as I have said, greatly in size and configuration, but if it be large enough to interfere with nasal respiration, if it modify the voice and threaten danger to the middle ear by pressure upon the Eustacian orifices, if it give rise to excessive secretion and cause general discomfort to the patient, there is no question but that its removal is indicated. On the other hand, I would warn you against the too ready and indiscriminate extirpation of these tumors. A certain degree of thickening of the tissues at the vault of the pharynx is not an uncommon condition in young children who suffer from no symptoms of nasal catarrh. Again, this structure atrophies normally towards puberty. To interfere with it surgically, therefore, simply because it exists, seems to me to be a grave mistake.

Should you determine, however, after what I have said, that its removal in a given case is proper, resort at once to surgical measures, for medicated sprays are totally ineffectual, and caustics are of little use, as well as difficult of thorough application. A pair of long forceps, suitably curved, to be passed behind the velum, and furnished with cutting blades at their extremity (Loewenberg's Pharyngotome), will be the best means.

With them you may undertake the operation with confidence, even though you possess but limited experience. With care and some anatomical knowledge you can do no harm to contiguous parts; the operation, seemingly formidable, is, in reality, simple. Hemorrhage is slight, ceases spontaneously, and inflammatory reaction is never such as to excite any apprehension—at least such is my experience. When the hypertrophy of the tissues extends broadly, in the shape of small, slightly elevated nodular masses, over the entire pharyngeal vault, a sharp curette, suitably curved to pass behind the velum into the upper pharynx, will answer a better purpose in scraping away the vegetations than the forceps, which would here be difficult of exact application.

I need not detain you long in speaking, in conclusion, of the local treatment of *atrophic or fetid rhinitis*. Unfortunately, the disease is beyond our powers of cure. The best that we can promise the patient is to mitigate his urgent symptoms. I am well aware, in making this statement, that some profess to cure; I have not been so fortunate as to obtain this result, and do not believe that it is possible to regenerate an atrophied nasal mucous membrane—such as is seen in extreme cases of the disease—any more than we can cure a cirrhotic liver or a granular kidney. Our indications for treatment are twofold: First, to cleanse and disinfect, and then to keep clean and disinfected, the nasal passages of all decomposing crusts and secretions; and, second, to stimulate the atrophied mucous membrane, with a view to the regeneration of function and character of secretion in the muciparous follicles and serous glands, if this latter can be accomplished, a matter which my experience has led me strongly to doubt. The first indication is met by the daily use of the anterior or posterior nasal syringe, occasionally by the necessary direct removal of hard crusts by means of forceps, and thorough washing of the passages with an antiseptic and alkaline solution until all offending secretions are removed. I have given you some formulæ suitable for this purpose, others are: (1) Glyceriti Acidi Carbolici, j ss; Sodii Boratis, ʒ j; Aquæ, Oj; (2) Liquoris Potassii Permanganatis, ʒ jss; Sodii Boratis, ʒ j, Aquæ, Oj; (3) Acidi Salicylic, gr. x, Sodii Bicarbonatis, ʒ j; Aquæ, Oj. I, as well as my patients, prefer the solution with "Listerine" given above (Sodii Bicarbonatis and Sodii Boratis, *aa* ʒ ss, "Listerine" ʒ i, and Aquæ, ad ʒ iv). This latter when the spray apparatus is used, or for the sake of convenience and lessened cost to the patient, who necessarily is obliged to use large quantities of a cleansing solution in the course of time, "Listerine" alone, mixed with warm water (one to ten) unless fetor is excessive, when more "Listerine" may be added. Its certain antiseptic and prompt deoderant properties render it particularly suited as an injection in this class of case; moreover, it is in itself mildly stimulating. I have never known it to be irritating to the mucous membrane, and it will maintain asepsis when this is once established. This latter, which presupposes perfect cleanliness, may be assisted, and the uncomfortable dryness of the mucous membrane in part overcome, by the use, at frequent intervals, by the patient, of a spray of liquid vaseline, thrown into both nasal passages by means of the "hand atomizer."

The second indication requires the use of such drugs as Sanguinaria (ʒ ii-ʒ ss), Galanga (ʒ ss-ʒ ss), Salicylic Acid (℈i-ʒ ss), Iodine (gr. i-ii-ʒ ss), Bromide of Potassium (℈i-ʒ ss), etc., which are recommended as efficient in the early stages of the disease. They are mentioned in the order of preference, and should be used in powder with gum acacia, by means of the insufflator. They probably act by giving rise to a local irritation of the mucous membrane, which in turn leads to a stimulation of the glandular structures, and an increased discharge of serum and mucus. Some advise, on the contrary, Nitrate of Silver in powder diluted with starch (gr. ii-x-ʒ ss), and say that it has given good results. As next in effectiveness, is recommended the use of a weak solution of the Sulphate of Iron and Ammonia (gr. ii-v-ʒ ss aquæ). My own experience with any of these means has been limited; such as I have used have been ineffectual in their results as curative means, and I can therefore only reiterate my belief that, in the present state of our knowledge, the disease is incurable.

This finishes, gentlemen, what I have to say to you upon this special subject of chronic catarrhal diseases of the nose. My remarks have, necessarily, been drawn out to some length, and have occupied some time; if, however, I have succeeded in convincing you that *all* is *not* simply "nasal catarrh" that comes to your net, if I have taught you to recognize, by my descriptions, the various forms of chronic rhinitis, and shown you how to treat each intelligently, according to its individual indications, the time will not have been misspent, and the purpose of these lectures has been accomplished.

PUERPERAL INFECTION.

BY EUGENE A. SMITH, M.D., BROOKLYN, N. Y.

In a former paper read before this society, entitled Puerperal Fever, the febrile condition not due to septic infection, which complicate the lying-in period, were discussed. In this paper I shall endeavor to excite a discussion of the etiology of puerperal fever due to septicemic processes, and more properly named puerperal septicemia.

Omitting all discussion of predisposing causes, it may be stated that the exciting cause of puerperal septicemia is the lodgement of pathogenic bacteria in the maternal secretions and tissues, and, therefore, we have to discuss their modes of entry.

From the teaching of some men who hold that all cases of puerperal septicemia can be prevented, it follows that the obstetrician is wholly blameworthy who finds one of his patients afflicted with septic invasion. I well remember the fear and trepidation with which I watched my first puerperal cases after studying the extreme views expressed by Dr. Garrigues in his book entitled Antiseptic Midwifery. Since then I have seen that the most careful physicians do meet with cases of puerperal sepsis, and usually these cases have developed just where the obstetrician was most observant of antisepsis, or had least reason to expect such trouble. In hospital as in private practice, antiseptic measures have nearly exterminated childbed fever, yet the spectre siill stalks abroad occasionally in the practice of even the most radical odvocate of antiseptic care during the puerperium.

If, then, we decide that rigid asepsis and antisepsis do not always insure against the septic infection of lying-in patients, it follows that the physician is not always responsible for the entry of pathogenic bacteria, and the question arises as to how such bacteria gain access to the system.

The external infection of patients, or the introduction of a poison by unclean hands, instruments, or clothing, was pointed out by Semelweis, of Austria, and in the course of the last fifty years antiseptic midwifery has developed from this teaching of a man who was held in contempt during his life for being the pioneer in this field.

In the infection of a patient from external sources, where the physician's hands and instruments are absolved, the blame must fall on nurse or surroundings. What patients may and do escape when an ignorant nurse has charge of the puerperal bed is wonderful. In a case of mine, the attendant nurse, a midwife of the old school, left the washing of the dinner dishes, dried her hands on a dirty towel, dipped her fingers in a lump of lard, and proceeded to examine the patient to find the progress of the case. To further point the moral in this instance, a case of severe sepsis should have followed, but unfortunately for the moral, the patient had no trouble.

Such experiences in the surrounding of puerperal cases make some men careless, until the fact is startlingly brought before them that uncleanliness in the physician is much more liable to cause septic infection than the same fault in the midwife. The doctor is daily in contact with pathogenic bacteria, the streptococci and staphlococci of pus and erysipelas. The uncleanly midwife may infect her patients with non pathogenic bacteria indefinitely; the bacterium term, for instance, the putrefaction, which causes fetor. But once having a case of sepsis, the midwife is more likely to have several more, because she does not understand the contagion she carries.

Dr. P. W. Van Peyma draws attention to the fact that patients may infect themselves by the involuntary application of their hands to the genitals in the agony of delivery, and he believes this to be the probable etiology of many cases of puerperal sepsis in women who have had no attendant during labor.

When the external introduction of the poison can be excluded, how are cases of puerperal septicemia to be explained? This question brings up the subject of mixed infection, or anto-infection, a subject which has several times been mentioned, but not discussed in our society. In a former paper, I related in full the history of a case of septic peritonitis occurring in the General Hospital, and ending fatally five days after labor. The post-mortem revealed double pyosalpinx, with a normal aseptic condition of uterus and vagina. The patient was a prostitute, with a history of gonorrhea.

From this case and similar ones, we learn that the gonococci, though they are not pyogenic, still do excite inflammatory changes which make a nidus for the developmen of pathogenic, pyogenic bacteria, entering by some superficial distant abrasion

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More than thirty thousand physicians in the United States, Canada and England have tested and prescribed this food during the last twelve months, and it has now come to be known as the standard preparation for the nourishment of infants, children and adults in every phase of sickness or disease, and it is relied upon to sustain the system in any pathological condition.

of skin or mucous membrane, and circulating in the blood. Lately I assisted in extirpating purulent buboes from a girl of eighteen, who was two months pregnant, and had gonorrhea and possibly chancroids. The lymphatics leading from the vagina and vulva are capable of carrying the poison to the intrapelvic as well as to the extrapelvic chains of lymphatic glands. Imagine this case to be nine months advanced and the mechanical violence of labor to disturb some intrapelvic pregnant suppuration, and we readily see the cause for a case of puerperal septicemia.

In hospital obstetric practice I have learned to watch carefully all cases of leucorrhea. Owing to the presence in the diseased mucous membrane of pathogenic bacteria, notably the gonococci and pyogenic nicro-organisms, patients are prone to post partum septic troubles, as their babies are to ophthalmia neonatorum.

In this way also cases of suppurative inflammations, intestinal ulceration, ulcerative endocarditis, diphtheria, and erysipelas, complicating the puerperal state, may be shown to influence the onset of septic processes in the maternal passages, by the spread of pyogenic bacteria from the spot of suppuration to the injured susceptible spots in the genital tract after delivery.

In a case of rheumatic endocarditis, complicating the lying-in period, reported in a former paper, I drew attention to the happy effects following the internal use of salicylate of sodium, and the local use of douches and chloride of zinc for diphtheroid patches in the vagina. Here was a case of infection of the inflamed endocardium by streptococci and staphylococci entering the blood, and a secondary infection of the wounds in the vagina. Conversely in a second case, giving a rheumatic history, I found phlebitis in the groin and thigh, due to some septic inoculation, possibly gonorrheal, followed by endocarditis. Here the temperature ranged about 104° F. for four days, but as the attack did not develop until the second week after delivery, she was able to throw off the poison and recovered.

I have not seen a case of erysipelas in the puerpera cause puerperal septicemia, but in the following case I saw the converse:

Mrs. B., aged 30, primipara, has a husband who was treated by me just before his marriage for gonorrheal and chancroidal suppurating buboes. I found his wife in labor upon my first visit, and she gave a history of an attack of facial erysipelas two years before marriage, and a troublesome leucorrhea beginning shortly after marriage. Her baby was delivered in the evening with forceps, and a laceration of the perineum occurred. On the next morning she had fever, and it continued for five days, when a violent attack of facial erysipelas reinforced the puerperal sepsis already existing as an endometritis and endocolpitis. The peritoneum was not involved, and she made a good recovery.

Whether she had an erysipelas of the genital tract, or the septic infection merely lighted up dormant streptococci erysipelatosm, would be a question for a bacteriologist to debate, but here was a case of mixed infection which primarily was the sin of the husband who contracted gonorrhea by illicit intercourse, and secondly, was made possible by an attack of erysipelas in the wife before marriage. I may say that I was not treating outside cases of erysipelas, and my contemporary obstetric cases progressed favorably.

In regard to phthisis, pneumonia, typhoid fever, syphilis, scarlatina, and other diseases, caused by pathogenic but not pyogenic bacteria, it may be said that they make the puerpera more liable to puerperal septicemia by debilitating the system so that pyogenic germs can more readily flourish upon entering the secretions and wounded tissues externally, or reaching the vulnerable spots by the circulation internally.

In conclusion it might be of interest to discuss the terms anto-infection and previous or mixed infection. Anto-infection signifies that the patient herself originates micro-organ isms to poison herself, and, therefore, is an incorrect term and should not be used. When used it is intended to show that the physician considers his patient was not infected by hands, instruments, or surroundings, but developed the puerperal septicemia from a source of infection within the patient which he could not control.

It would be better, however, to call such conditions the result of a previous or mixed infection, and then strive to discover the point of entry of pyogenic micro-organisms in order that a rational and radical treatment of the source of infection could be carried out, if possible.

With more care in the examinations of patients with puerperal sepsis, and a more thorough inquiry into the etiology, the physician can be more scientific in treatment, and can prove himself blameless when he has used all aseptic and antiseptic precautions during the stages of labor.—*Buf. Med. Jour'l.*

A NEW THING IN SPIRITUALISM

Three years ago a brilliant young physician of this city committed suicide while temporarily deranged, a condition brought about by overstudy and overwork. His death was a great shock to his friends, of whom he had many, and a painful surprise to his medical associates, who looked upon him as having a specially bright future.

The other day the recollection of this young physician was brought to the reporter in a singular way. "Look at that," said a gentleman, showing a prescription singed with the name of the dead doctor. "I'm on my way to the drug store to get that filled for my wife, and shouldn't wonder if you would like to have the story of how she came by it, for this isn't an old prescription—you can see the ink is hardly dry on the paper."

"How can that be, for he has been dead three or four years?"

"Did you ever hear of Miss—— (mentioning the name of a well-known professional medium)? Of couse you have. She has lately taken up the practice of medicine and is doing a great business, though I do not suppose she ever read a medical book in her life. She claims that the spirit of this young doctor is her control, and that he makes the diagnosis of each case and writes the prescription, her hand merely holding the pen."

It is said that other spiritualistic healers are somewhat jealous of the new fad, which is drawing away some of their best customers. If this style of practising medicine is a go, and any uneducated person with a good medical control "over there" can practise, there is a likelihood that doctor's fees may be greatly reduced to meet this competition. The consulting physician on the other side is at no expense for board or clothes, and as time is no longer an object, the partner here gets all there is in it. *Indianapolis Journal.*

"The wicked are wicked, no doubt and they come by their just deserts, but who can tell the mischief the the very virtuous do?"—*Newcomes.*

Mrs. 149—I like Dr. Winkeye so much.

Mrs. 148—So do I. He always advises me to go to such nice places for one's health.

NOTE RELATIVE TO THE BUFFALO LITHIA WATER.

BY WILLIAM A. HAMMOND M.D.

There is a point in relation to the therapeutical efficacy of the Buffalo Lithia Water which has not yet, I think, received sufficient attention. It is well know that many cases of diseases of the nervous system are complicated with lithaemia, and that unless this condition is removed a cure is very often retarded and not infrequently entirely prevented. It is quite commonly the case that in cerebral congestion producing insomnia, nervous prostration resulting from over-mental work or much emotional disturbance, and in epilepsy (to say nothing of many cases of insanity) an excess of uric acid in the blood is often observed. This state appears to be altogether independent of the character of the food, for no matter how careful the physician may be in regard to the diet of his patient the lithaemic condition continues. I have tried to overcome this persistence by the use of phosphate of ammonia and other so-called solvents for uric acid, but without notable effect.

Several years ago, however, I began to treat such cases with Buffalo Lithia Water with a result that was as astonishing to me as it was beneficial to the patient, so that now in all cases of nervous diseases under my charge in which there is an excess of uric acid in the blood, I use the Buffalo Lithia Water in large quantities. By this I mean that I do not have the patient drink merely a tumbler or two in the course of the day, but that I flood him, so to speak, with the water, making him drink a gallon or even more, in the 24 hours. By this course the urine after a few days ceases to deposit uric acid crystals on standing, the morbid irritability of the patient disappears, the tongue becomes clean, the wandering pains in the head are abolished, and the system is rendered much more amenable to the special treatment which may be necessary for the cure of the disease from which the patient suffers.

I have tried carbonate of lithia dissolved in water in various proportions, but it certainly does not, in cases to which I refer have the same effect as Buffalo Lithia Water.

Washington D. C., Jan. 25th, 1892 *

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OBITUARY.

Prof. J. Snydam Knox, died at his home in Chicago, Ill., June 28 ult. of Rheumatic Peritonitis.

Died on Aug. 3 Margret Clum, daughter of the late D. J. Husband, M. D. of Greenpoint, L. I.

Died at her residence, 79 St. James place, Brooklyn, N. Y., Aug. 2, Caroline M. wife of Dr. John Cooper.

Dr. J. S. Stewart, of Knoxvilie, Tenn., died on August 5th, of wounds received at the hands of Ed. Kauptop, of that city.

Dr. William A. Smith, formerly Clerk of Essex Co., N. J., died in Newark, N. J., Aug. 4, age 72 years.

Dr. J. H. McMillian, died in St. Louis, Mo, July 25, of appendicitis. He was a graduate of the university of Pensylvania.

William Nick Pindell, died in Newark, N. J., Aug. 4. He was a graduate of the university of Maryland in 1848. age 64 years.

Dr. Gus McNabb, was drowned at Graham, Texas, Aug. 1. He was only 26 years old and a son of Dr. A. McNabb of Chattanooga, Tenn.

Dr. E. G. Harding, of Wyoming N. Y., was drowned while bathing in the Otaka, on Saturday, July 9, 1892. Dr. Harding was an alumnus of Buffalo University Medical College.

Dr. Stainback Wilson, one of the best known physicians in Georgia, died in Atlanta, Ga., Aug. 1, age 71 years. He was a graduate of the Medical College of Augusta of class of 1846.

Dr. Antoine Ruppaner, well known in this city, died in Pittsburgh, Penn., July 31, age 65 years. He had an office in either the Fifth Ave. Hotel or Hoffman House for many years. He was a prominent member of the Manhattan Club.

Dr. R. V. Mitchell, one of the oldest and most highly respected citizen of Rome, Ga., died in that city, Aug. 8th. Dr. Mitchell was 58 years old and has been in the Drug business in Rome for over 35 years. He was a son of Senator Mitchell of Alabama.

Dr. James Van Antwerp, of New Brunswick, N. J., died in this city, Aug. 7, aged fifty-nine years. He had practised in New Brunswick for twenty-five years, having come from New York, where he was born. The doctor had been confined to his home for several months with dropsy, which was the cause of death.

Dr. Gardiner Frey, said to be a surgeon in the United States Navy, died of consumption on the Pacific Mail steamship Columbia, Tuesday morning, August 11th. On the vessel's arrival here, the remains were taken to Boston by his mother, who was with him during his last illness. He came to Colon from Honolulu. He was twenty-eight years of age.

PERSONAL.

Dr. O. H. Aldred of this city is at the Linwood Hotel, Bay Shore, L. I.

Dr. John H. Hilton, of this city, and his family are at Cornwall, on the Hudson, N. Y.

Judge Oliver H. Horton, was re-elected president of the Medico Legal Society of Chicago.

Dr. D. V. Dean, has resigned from the staff of the Beaumont Medical College, and Dr. L. T. Riesmeyer has been elected in his place.

Dr. Geo. E. Alvord, has been elected to fill the chair of Demonstrator of Anatomy of the Beaumont Medical College.

Dr. A. Walter Suiter, of Herkimer, N. Y., has been appointed consulting physician to the new Faxton Hospital at Utica, N. Y.

Drs. L. S. McMurtrie, of Louisville, Ky., and Chas. A. L. Reed of Cincinnati, O., after a sojourn of ten days at Lakewood, N. Y., have gone to Siasconsett, Mass., where they will spend about a week before returning to their homes. They will spend a few days with their New York friends on their way homeward.

Dr. Chas. Warrington Earle formerly connected with the College of Physicians and Surgeons, has been called to the chair of Obstetrics and Diseases of Children in Rush Medical, College, recently made vacant by the death of the late Professor Knox. Dr. A. C. Cotton, who has for many years been connected with Rush Medical College as an Adjunct Professor has been elected Clinical Professor of Diseases of Children.

Dr. Walter L. Flemming, supt. of the Flatbush Insane Asylum has tendered his resignation to the Brooklyn Charities Commissioners and they have accepted it.

MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The next meeting of the American Electro-Therapeutic Association will be held this fall in New York City at the Academy of Medicine, on October 4th, 5th and 6th. As the success of electricity in medicine and surgery has now been well established and recognized just as well by the profession as by the public, the coming meeting may be looked upon as an event in the history of progress in electricity. The society consists of acknowledged specialists in electricity from all parts of North America and includes the best known names in the profession. The president is Dr. William J. Morton of New York, Secretary, Dr. Horatio R. Bigelow, 1716 Chestnut St., Philadelphia. The local Committee of Arrangements are Drs. Robert Newman and A. H. Goelet of New York, who have their hands full by doing good work for the preparations. The literary part of the programme will consist of scientific papers, several prepared discussions, and the report of committees, who have experimented for the last year. These committees were appointed a year ago on special subjects, and their work has reference to establishing a uniformity in the manufacture and use of certain instruments used in the application of electricity. Everybody practising electricity has appreciated the good derived from the establishment of a standard in the measurements and units by the Electric Congress at Paris, and therefore anticipates more reform and benefit from the recommendations of said committees.

The titles of papers to be read have been announced already in such numbers, that the dilatory author coming in late will scarcely have an opportunity to be heard for pressure of limited time. In connection with the meeting, there will be an electric exhibition of batteries, instruments and appliances used in medical and surgical electricity. The exhibitors will be a representative body of manufacturers and publishers, who all have shown a willingness to be present, and have applied for space. There will be many novelties, inventions and new systems, all important to be inspected by the profession. The committee has not forgotten the social element of the meeting, and has arranged many surprises and invitations for pleasure and instruction.

The members, who are strangers in New York will be recommended to good hotels, and every attention shown them, in order to make their sojourn an agreeable and profitable one. It is hoped that the profession at large, will take an interest in the deliberations in the American Electro-Therapeutic Association, and visit the sessions. All are welcome. The success of this meeting is well secured, and the progress of electricity in medicine never had a better chance.

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In the daily endeavor to accomplish this end, not only has Mr. Pomeroy developed and brought into service many useful inventions, but his assistants, who have been with us the greater part of this period, have acquired the necessary skill, patience and judgment to apply them correctly, so that a failure in any respect is the rare exception.

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It is earnestly requested that physicians sending their patients to us will, whenever practicable, give written directions as to what is required, and such directions will be carefully heeded.

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SITUATIONS AND HELP WANTED.

Young Physicians and Pharmacists wanting positions as traveling salesman and interviewers are requested to file their applications with recommendations and photos, in this office. Manufacturers and dealers wanting such help are also requested to make application to us. Doctors Weekly, 96 Fulton St., N. Y.

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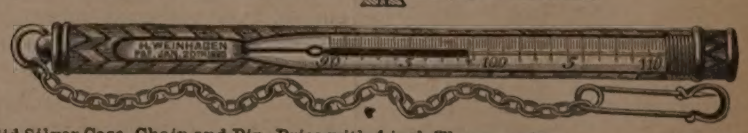

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Very respectfully,

Baltimore, Md., 8 November 1887. ORRAY T. SHERMAN.

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BY

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ANNOUNCEMENT.

EARLY in September, we will issue a large special edition of the WEEKLY containing photographs and biographies of many prominent physicians now residing in New York City, who were born in the Eastern States. This edition will be followed in rapid succession by similar editions devoted to physicians who came here from "The Southern States," "The Western States, etc," and also those of foreign birth. As about 25,000 copies of each edition will be printed, advertisers will find this an unusual opportunity for reaching the entire profession throughout the United States and Canada at small cost.

JUVENILE Soda Clerk—Do you live here, mister?

Customer—Yes.

"Then you'll have to wait until the boss comes back from dinner. I ain't allowed to put up perscriptions 'cept for strangers that's travellin."

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SYRUP OF HYDRIODIC ACID.

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Since its first introduction in 1878, its great value in the treatment of disease, as demonstrated by the experience of the profession, and the extensive circulation of this experience by the present writer, has excited the cupidity of a large number of manufacturers, who are seeking to take advantage of the reputation which this article has obtained, and of the large outlay of time and money expended by the writer, in disseminating the experience of the profession in its use.

Various preparations, bearing the same name, are offered, and the writer's announcements are largely copied.

This only proves the value of the iginal preparation, for a worthless article would scarcely be imitated.

The physician cannot be too careful to send his prescriptions to reliable parties only, and designate the manufacturer whose preparation he wishes the patient to use.

Hydriodic Acid should not be prescribed in combination with alkalies, metalic salts, or oxidizing agents, which latter would convert the Hydriodic into Iodic Acid, which possesses toxic properties.

In syphilitic diseases it may be combined with the bin-iodide of mercury, but if the prot-iodide is used, allowance must be made for its conversion into bin-iodide, which is a very much more active mercurial, and if not understood, might produce dangerous results.

Hydriodic Acid, probably, passes into the circulation without change, particularly if taken upon an empty stomach, and this is the proper time to exhibit the remedy, as no decomposition of the acid is apt to occur, owing to the absence of food products.

The proportionate arrangement of the elements constituting Hydriodic Acid is remarkable, the Acid being, in fact, almost wholly Iodine. The very small proportion of Hydrogen being the true equivalent, suffices to entirely remove the irritant quality from Iodine, by converting it into a non-irritant compound, from which, however, the full therapeutic action of Iodine is not only obtained, but in a marvellously effective and agreeable manner.

URIC ACID GRAVEL.

Sir William Roberts, in a recent lecture delivered at the College of Physicians, London, stated that deficiency of saline and of coloring matter in the urine might be regarded as factors in the chemical etiology of the above trouble. We feel constrained to differ with the eminent gentleman in his statement, and our difference of opinion is based upon some fifteen years close study of the various forms of gravel. Acute attacks of the trouble arising from an excess of uric acid are invariably preceded by high colored urine, indicating an excess of coloring matter rather than a deficiency of same.

Furthermore we have observed that sufferers from uric acid gravel are almost invariably large consumer of salty foods, such as breakfast bacon, salt fish and the like.

EDITORIAL ITEMS.

WE learn that the Illinois State Board of Health has rendered a decision against the Toledo (Ohio) Medical College and placed it upon the list of colleges not in good standing. They charge that institution with having given out diplomas quite recklessly at the end of its last session. If other State Boards would act in like manner towards this and all other colleges practising similar methods, a higher standard of medical education would soon prevail throughout the United States.

THE Columbus (Ohio) Medical College, after a somewhat stormy and precarious existence of seventeen years, has been absorbed by the Starling Medical College of the same city. Only two members of the faculty of the defunct institution have been provided for in the new deal, and they are given somewhat insignificant positions. It is said a new college will be established by the late faculty of the C. M. C., aided by some new teachers, under the charter of the State university.

DR. L. S. MCMURTRIE, the distinguished gynæcologist of Louisville, Ky., has been elected an honorary member of the British Gynæcological Society. This is indeed a high honor and one most worthily bestowed.

The weekly report of the Health Department of the City of New York for week ending July 30th, is as follows: Marriages, 147; Birth, 822; Death, 1,434; Still Births, 88; of the deaths reported, 391 were due to Diarrhœal diseases.

EX-GOVERMOR J. B. MCCREARY, representative in Congress from Kentucky, reported to the House on Thursday, July 7, 1892, a bill to authorize the President to invite the Government of Mexico and the Governments of the republics of Central and South America to send delegations, composed of prominent physicians, to the Pan-American Medical Congress, to be held in the city of Washington, in September, 1893. On Thursday, July 14th, Gov. McCreary asked unanimous consent for consideration of the bill, which was granted. After explaining its provisions, the bill was passed without a dissenting vote. Physicians throughout the whole country have taken great interest in this Congress, and especially in the passage of this bill, which gives it governmental sanction. The Pan-American Medical Congress, under the able officers chosen, seems to be moving to a surely successful issue. Physicians who desire to become members should forward their initiation fee, $10, promptly to the Treasurer-General, Dr. A. M. Owen, of Evansville.

THE SURGEONS AT HOMESTEAD.

In the report of the punishment of Private Iams, at Homestead, as it appeared in the daily press, it seems that the colonel ordered him triced up by the thumbs, and the surgeons to stand by and see that no harm befell him.

In executing this order the surgeons took turns at standing on a chair, and counting the pulse of the man, and when it reached 120 ordered him to be cut down.

It is not the province of this journal to discuss the action of the colonel in ordering the punishment which he did. Whether he exceeded his powers or not, is the duty and privilege of others to determine. But the action of the surgeons becomes a fit subject for discussion by the medical profession. It is generally admitted that medicine is the healing art, and that the great duty of the physician is to relieve pain, and not to inflict it, except it be for the purpose of saving life or cutting short other suffering.

Nowhere can it be claimed that it is ever within the scope of their professional duties to be a party to brutality. Military medical officers are appointed as professional men, for the purpose of exercising their profession, and in the exercise of that profession they are not subject to the orders of the line officers. What medical man would carry out a line of treatmtnt in a given case because ordered to do by his superior officer in the line? If the colonel had ordered these medical men to cut off the leg of Private Iams, no doubt they would have refused, because it would have encroached upon their medical functions. By what process of reasoning these surgeons determined that the colonel's orders had been complied with when the unfortunate man's pulse reached 120, it is hard to see. Why did they not order him down when his pulse reached 100? Or when it began to rise above normal? Or better yet, why did they not let the colonel himself decide when the punishment was complete, and then step in to extend relief so far as they could?

Suppose they had blundered, and let the man hang up so long as to end his life, who would have been guilty of the murder, they or the colonel? We care not what military law may be, it was the duty of these surgeons as medical men to refuse to carry out the orders of the colonel, to tender their resignations on the spot if necessary, or even to suffer punishment for insubordination.

In their action, if it be correctly reported, the profession has been outraged.—*Jour'l A. M. Assoc'n.*

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Soda	½ "
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While the most prominent use for the Hypophosphites of Lime and Soda is in the treatment of Consumption and Scrofula, in which its tonic and tissue-building properties render it particularly efficacious, yet it has other and quite varied uses, based upon these same properties. One of the most marked of these is its use as a tonic reconstructive in hot weather.

Many persons have fair health during the cooler months of the year, yet suffer greatly from debility during the long, hot summer. The relaxing effects of the heat itself, besides the loss of the salts of the tissues, through the excessive colliquative perspiration, prove exceedingly depressing to the vital powers. Not only is this condition of extreme debility very depressing in itself, but it also predisposes the victims to attacks of disease which they would otherwise be able to resist. Thus, during the heated term, we have a long list of protracted, exhaustive fevers, for the fatal issue of which the extreme debility of the patients is largely responsible.

In all this we may see another demonstration of the value of the phosphorus salts of lime and soda as tonic and vitalizing agents in the animal economy, and also a definite clue to the proper remedy for the condition described, as these tissue-salts are largely wasted in excessive perspiration. This remedy is the pure Hyphophosphites of Lime and Soda. By its tonic properties, refreshing, revitalizing and invigorating the entire system, it restrains the excessive perspiration, and the consequent waste is checked. But it also furnishes the system with healthy tissue-food to replace with new and vigorous cells the necessary waste incident to the ordinary physiological processes. Thus the system is kept all the time up to a prime condition of physical strength and mental exhilaration, and germs of disease find little encouragement for invasion.

It would be advisable that those who "do not bear hot weather well" should resort each year to a course of the Hypophosphites of Lime and Soda, and thus fortify the system against *certain* exhaustion and *possible* malignant disease. Direct them to put a teaspoonful of McArthur's Syrup occasionally in a glass of cold water, as a drink, and the "insatiable thirst" will be more easily relieved. Recommend this, also, to your consumptive and scrofulous patients, and those afflicted with diseases characterized by exhausting discharges and great debility, and they will report the summer as the most refreshing season they have ever passed. The McArthur Hypophosphite Co., Boston Mass, will send upon request to any physician not familiar with McArthur's Syrup, a full sized bottle, by express, without expense, save the express charge; also, interesting matter about the value and uses of the Hypophosphites.*

CAUTION.—McArthur's Syrup is never sold in bulk. If the Syrup effervesces or forms a precipitate you may be sure it is not McArthur's.

PRESCRIPTIONS.

NEW YORK HOSPITALS FORMULARY.

LOTIO FLAVA.—Yellow Wash.—

℞ Hydrarg. chlor. corrosivi, gr. xxiv.
Aquæ bullientis, fl ℥ ss.
Liquoris calcis, q. s. ad fl ℥ xvj.

Dissolve the bichloride of mercury in the boiling water, and add the solution gradually to enough lime water, under continued agitation, to make 16 fluidounces.

LOTIO PLUMBI COMPOSITA. — Goulard's Lotion, modified.—

℞ Liquor plumbi subacet.
Tinct. opii, aa fl ℥ ss.
Tinct. arnicæ,
Spir. camphoræ, aa fl ℥ j.
Aquæ, fl ℥ viij.

Mix.

LOTIO PLUMBI ET OPII.—

℞ Plumbi acetatis, ʒ ij.
Tinct. opii, fl ʒ iv.
Aquæ, q. s. ad fl ℥ xvj.

Dissolve and mix.

LOTIO SULPHURIS COMPOSITA. (Bureau O. D. P.)—Taylor's Lotion.—

℞ Sulphuris sublimati, ʒ iij.
Spir. camphoræ, fl ʒ ij.
Sodii boratis, ℥ j.
Glycerini, fl ʒ iij.
Aquæ, fl ℥ vj.

Dissolve the borate of sodium in the water, add the spirit of camphor, and then incorporate the mixture with the sulphur previously triturated with the glycerin to a homogeneous paste.

OLEUM RICINI CUM ATROPINA. (Bureau O. D. P.)—"Atropine and Castor Oil."—

℞ Atropinæ, gr. ij.
Olei ricini, fl ℥ j.

Triturate the atropine with a little of the castor oil to a smooth paste, then gradually incorporate the remainder of the castor oil, and continue the trituration until the atropine is dissolved.

One drop to be applied to the eye every half hour. In burns of the eye, by lime.—*Dr. W. F. Mittendorf.*

Note.—The solution of the Alkaloid in the oil may be hastened by a gentle heat. The *Alkaloid* atropine, and *not* the sulphate or any other salt, must be used for this preparation.

MISTURA PRO AMBUSTIS, BUCK.—Buck's Burn Mixture.—

℞ Tragacanthæ pulv., ʒ ij.
Acaciæ pulv,, ʒ iv.
Syrupi fusci,
Aquæ bullientis, aa fl ℥ xvj.

Mix the tragacanth and acacia with the molasses to a homogeneous paste, then add the boiling water under constant stirring.

SPIRITUS OPHTHALMICUS. (Bureau O. D. P.)—

℞ Olei lavandulæ, *m* x.
Olei rosmarini, *m* xxx.
Alcohol, fl ℥ j.

Mix. To be applied to the eyelids mornings and evenings. In asthenopic eye-troubles.—*Dr. W. F. Mittendorf.*

TINCTURA ACIDI BORICI. (Bureau O. D. P.)—

℞ Acidi borici, gr. x.
Alcohol, fl ℥ ss.

Dissolve. 10 drops to be put into the ear mornings and evenings. In chronic, purulent otitis.—*Dr. W. F. Mittendorf.*

UNGUENTUM ACIDI BORICI.—"Boric Ointment."—

℞ Acidi borici pulv., pars 1.
Unguenti [*vel* Petrolati] part 6.

Melt about 1 part of the ointment or petrolatum at a very gentle heat, and triturate with it the boric acid which should be in very fine powder, so that a perfectly homogeneous mass is produced. Then incorporate the remainder of the petrolatum.

UNGUENTUM ANTIHÆMORRHOIDALE.—Pile Ointment.—

℞ Ceræ flavæ, part. iv.
Resinæ, part. ij.
Adipis, part. vj.
Olei sassafras, pars j.

Melt the wax, resin and lard together at a gentle heat, allow it to cool, and, before it has solidified, incorporate with it the oil of sassafras.

UNGUENTUM CALAMINÆ.—Turner's Cerate.—

℞ Calaminæ præparatæ, pars j.
Unguenti [*vel* petrolati], part. v.

TINCTURA IODI DECOLORATA (N. F.).—Decolorized Tincture of Iodine.—

℞ Iodi, gr. dex.
Sodii hyposulphitis, gr. dcx.
Aquæ, fl ℥ iss.
Aquæ ammon. fort. (U. S. P.), fl ℥ j.
Alcohol, q. s. ad fl ℥ xvj.

Digest the iodine, hyposulphite of sodium and water at a gentle heat, until a perfect solution, of a dark, reddish-brown color, is produced. Then add 2 fl oz. of alcohol, and afterwards, the stronger water of ammonia. Shake a few minutes until no more bubbles of gas escape, and the liquid has become colorless, with a whitish precipitate (of sulphur) suspended in it. Cool it, if necessary, and add enough alcohol to make 16 fl oz. Place the bottle containing it in a refrigerator for a few hours, or longer, if convenient, then filter, in a covered funnel, and preserve the liquid for use.

Note.—On prolonged standing a crystalline precipitate of tetarthionate of sodium will usually settle at the bottom. This may be removed by filtration. And a peculiar alliaceous odor will gradually develop, which may be overcome by adding a minute quantity of some suitable flavoring.

The product obtained by this or any other process in which the iodine is "deodorized," no longer contains the iodine in a free state.

TINCTURA IODI, CHURCHILL. (Bureau O. D. P.)—Churchill's Tincture of Iodine.—

℞ Iodi, ʒ iiss.
Potassii iodidi, ℥ ss.
Aquæ, fl ℥ iv.
Alcohol, q. s. ad fl ℥ xvj.

Dissolve the iodide of potassium in the water, add the iodine, and lastly, enough alcohol to make the tincture, when completed, measure 16 fl. oz.

Note.—This preparation should not be confounded with Churchill's Iodine Caustic.

TINCTURA IODI COMPOSITA.—Compound Tincture of Iodine (U. S. Ph., 1870).—

℞ Iodi, gr. ccxl.
Potassii iodidi, gr. cccclxxx.
Alcohol, fl ℥ xvj.

Dissolve.

TINCTURA QUILLAJÆ. (N. F.)—Tincture of Quillaja (Soap Bark.—

℞ Quillajæ, ℥ viij.
Alcohol, fl ℥ xvj.
Aquæ, q. s. ad fl ℥ xlviij.

Place the quillaja (which must be in fine chips, free from powder), in a suitable vessel, with 2 pints of water, and boil it for fifteen minutes, then strain and add enough water through the strainer to make the strained decoction, when cold, measure 2 pints. Pour this into a bottle containing the alcohol, let the mixture stand twelve hours, then filter it through paper, and add enough water to the filtrate to make it measure 3 pints.

Note—This tincture is an excellent agent to form emulsions, in presence of water, with many oleaginous resinous and other similar substances.

TINCTURA SAPONIS VIRIDIS COMPOSITA. (N. F.)—

℞ Saponis viridus, ʒ ii¼.
Ol. cadini, *m* cxl.
Alcohol, q. s. ad fl ℥ xvj.

Dissolve the green soap in 2 fl oz. of the alcohol, add the oil of cade, and then enough alcohol to make the product measure 16 fl. oz. Filter.

UNGUENTUM CHRYSAROBINI. (Bureau O. D. P.)—

℞ Chrysarobini, gr. l.
Unguenti [*vel* petrolati], gr. 5.

THERAPEUTIC NOTES.

AR. SULPH. ACID, in doses of ten to twenty drops in chamomile tea taken at bedtime, will often arrest profuse perspiration.

NITRO-GLYCERIN, 1 drop of a 1 per cent. solution 3 times a day, is sometimes prescribed by Prof. Da Costa in epilepsy when the bromides fail.

RESORCIN is said to act admirably in cases of nausea and depression following a carouse. It is given in the dose of five to ten grains in plenty of water flavored with syrup of orange peel, and may be repeated once or twice at intervals of half an hour. A single dose of ten grains is, however, said to be usually sufficient.

WHEN neurotic troubles exist, subcutaneous injections of any kind are always dangerous. So says Dr. Dujardin-Beaumetz. In France, recently, two persons suffering from sciatic neuralgia were treated with antipyrin hypodermically. After the third injection gangrene set in and life was threatened, but by heroic treatment it was avoided.

THE editor of a southwestern religious paper recently received the following letter:

"DEAR SIR:—When my subscription expires, I desire to stop taking your paper. The only practical article it has had for the last six months is a recipe for getting rid of red ants, and on making a trial of it, I find that it is no good. A paper that gives bad advice about red ants may be just as far off the track in its theology, and it ain't worth a blame to me."—*The Radford, Va., Enterprise.*

If the reader was thus disappointed in the "ant" recipe, how would he feel when he had tackled some of the patent medicines so freely boomed by the religious frauds?—*Times and Register.*

THE COMPOSITION OF DR. BROWN-SEQUARD'S GLAND JUICE.—At the last meeting of the Académie des Science, M. Gautier announced that Professor de Poehl, of St. Petersburg, had succeeded in extracting from the pancreas, thyroid body, ovaries and testes, a leucomaine called spermine, having the composition represented by the formula $C_5H_{14}N_2$, which he has isolated in the form of crystallized phosphate. A few centigrammes of this base, introduced subcutaneously in the form of hydrochlorate, is said to produce the tonic and exciting effects of Dr. Brown-Séquard's injections, and the discoverer believes that it is to spermine alone that the remarkable results obtained by these injections are due. It appears that spermine possesses great oxidizing power, it being capable of rapidly converting, in the presence of gold or platinum chloride, magnesium into magnesia. Under its influence also, the nitrogenous extractives of urine are converted into urea. It is pointed out that in Germany spermine is confounded with piperazine, the latter substance being sold for the former. —Paris correspondent of *The Lancet.*

PARACRESOTATE OF SODA.—A new antiseptic for internal use. Paracresotic acid is a new derivative of paracresol, obtained by the combination of carbonic acid with the latter body in presence of sodium. Paracresol, or paracresylol is one of a group of cresols, or cresylols, which contains three isomers, ortho, meta and paracresol. By the above reaction all these bodies may fix under the same conditions a proportion of CO_2 and give rise to a creosotic acid. These acids (meta, ortho, para-cresotic) are the higher homologues of salicylic acid: $C^7H^6O^3$, in which an atom of H is replaced by the group CH_3. Pancresotic acid has been obtained by Kulbe and Lauteman by passing through paracresol, gently heated, a current of CO_2, then adding fragments of sodium. There is formed along with cresolate of soda cresylcarbonate, which is decomposed by HCl into cresol and cresotic acid. This is purified by several successive mani-

pulations. Paracresotic acid occurs as white, acicular, brilliant crystals, soluble in hot water, ether, alcohol and chloroform. Salts of iron give a violet color, as with salicylic acid. Therapeutically, the pancresotate of soda has been employed, It is a very fine crystalline powder, of a bitter taste, but not unpleasant, soluble in 24 parts of tepid water, and remaining in solution when cool. Paracresotic acid is of the three isomers the most active and the least dangerous, the meta variety determining paralysis of the heart. According to Demme, paracresotate of soda produces in warm-blooded animals softening of the pulse, lessened number of respiratory movements, and lowered blood pressure. It has been prescribed as an antipyretic and internal antiseptic. It has been given in rheumatism, with results resembling those of salicylic acid. It is quite useful in intestinal infection, in typhoid fever and gastro-intestinal catarrh of nurslings. Its action also resembles that of resorcin. For the diarrhœa of infants, Demme uses:

℞.—Paracresotate of soda, 0.10 to 0.20 cgms.
Tinct. opium, 2 to 4 gtts.
Cognac, 1 grm.
Syr. gum arabic, 5 grms.
Dist. water, 25 grms.
A teaspoonful every two hours.
—*Le Progress Medicale.*

PAN-AMERICAN MEDICAL CONGRESS.

(*Official Bulletin.*)

BY-LAWS OF THE BOARD OF TRUSTEES.

The committee appointed to prepare by-laws for the government of the Board of Trustees, submitted the following report:

I.—Officers.

Sec. 1. The officers shall consist of a Chairman, a Secretary, who shall act as assistant secretary to the Secretary-General of the Congress, and a Treasurer.

§ 2. The Chairman shall be elected by ballot; the Secretary shall be appointed by the Chairman, on recommendation of the Secretary-General; The Treasurer shall be the person elected Treasurer of the Congress. These officers shall perform the duties usually performed by such officers.

§ 3. These officers shall hold office during the continuance of the corporatiou.

II.—Treasurer.

The Treasurer shall give a good and sufficient bond, in the sum of $25,000. He shall receive all registration fees, and all other moneys paid to the credit of the Congress, and shall disburse the same on vouchers approved by the Board of Trustees, signed by the Secretary-General and the Chairman of the Executive Committee.

III.—Executive Committee.

There shall be an Executive Committee, consisting of seven Trustees, who shall conduct the business of the Trustee in the intervals between the meetings of the Trustees, and shall report in full at each meeting.

IV.—The Committee of Arrangements.

The Committee of Arrangements shall consist of such number of physicians of the City of Washington, D. C., as may be determined upon and appointed by the President of the Congress, one member of which committee shall be designated by him as chairman. The Committee of Arrangements shall have charge of the facilities for registration, shall provide for transportation rates for physicians and their families attending the Congress, shall arrange for adequate hotel accommodations, shall arrange for an entertainment of the Congress, and issue the official programme of the meeting. All expense thus incurred shall be paid out of the funds previously appropriated for the purpose by the Executive Committee, payment of the same to be made by the Treasurer on the official voucher of the Congress countersigned by the Chairman of the Committee.

V.—Committee on Ways and Means

A committee not to exceed one hundred in number, shall be appointed by the President of the Congress and shall be known as the Committee on Ways and Means, whose duty it shall be to devise and execute methods by which the necessary expenses of the Congress may be defrayed.

VI.—Expenditures.

Sec. 1. The Executive Committee may expend a sum not to exceed $3,000 prior to the meeting of the Congress, which sum shall include the expense of a stenographer for the Secretary-General. All bills contracted shall be paid as soon as funds in the hands of the Treasurer will permit.

§ 2. The Executive Committee shall designate all expenditures by the various officers before the same shall be contracted, providing that expenses already incurred by the Committee on Permanent Organization shall be paid out of any funds in the hands of the Treasurer of the Congress.

VII.—Meetings.

The first meeting of the Trustees shall be held in Detroit, Mich., on June 8, 1892. Thereafter all meetings shall be held at such time and place as the Executive Committee shall designate. C. A. L. Reed, M. D.,
Sec'y. Gen'l., *Cincinnati, O.*

NEW YORK BOARD OF HEALTH;

ITS SANITARY SUPERINTENDENT AND THE LATE ADVISORY BOARD.

To the Editor of the Journal of the American Medical Association:

My dear Sir: In recent editorials and communications in various medical journals, in relation to certain changes in the New York Board of Health, it is said that Drs. Janeway, Jacobi, Prudden and Stephen Smith have resigned their honorary positions on that Board, on the ground that faithful medical employes have been brutally treated at the hands of pot-house politicians, and ordered to hand in their resignations; in other words, that reputable and competent men have been put out of office, without complaint or pretence of charges "for cause." . . . . Dr. Ewing, who has for twenty years, been Sanitary Superintendent, was forced out of the important position, by President Wilson, it is alleged, in order that a politician or a person demanded by a political organization, might be put in his place.

They very candidly admit that the above is based on hearsay knowledge. As a matter of right and justice it is well that they do; for with one solitary exception, this whole statement is a malicious invention, without a word of truth in it, from beginning to end.

Drs. Janeway, Prudden, Jacobi, and Stephen Smith, did resign. Drs. Janeway and Smith have both "feathered their nests" as high officials in this same Board of Health, on high salaries, and with little to do, within the *thirty years*, during which time, it is alleged, "it has not been altogether free from the slime of the political serpent." (Ibid.)

It seems harsh to assume that they resigned, "because, faithful medical employees were brutally entreated to send in their resignations," for this is false. What they resigned for, is their own concern. There were no physicians ordered to resign by anyone. *One*, and only *one* was requested to hand in his resignation. This was Dr. Ewing, who was *paid* out of the city treasury, $4,800.00 a year. He succeeded Dr. Walter F. Day, *four* years ago, not *twenty*, as alleged; and while trying to fulfil his public duties, carried on an extensive, private practice. His predecessor was not known as a practitioner.

He was requested to surrender his office, not on any "*pretense*," but on an open complaint and charge, that he did not visit the Pest-house on North Brother's Island.

Dr. Ewing was succeeded by a gentleman utterly unknown in local politics, who commenced at the "bottom round of the ladder" nine years ago, in the Board of Health, and has by the dint of persevering effort, raised himself to the position which he now occupies, though, with nearly a thousand a year, less than the gentleman whom he succeeds was paid. Who does not know of Dr. Cyrus Edson, the present Sanitary Superintendent, as an indefatigable and progressive writer in everything pertaining to sanitary science?

So much for this "tempest in a teapot." In this connection it may be well to have it more generally known, that in this whole country there is no city, in which politics interferes less in sanitary matters, than in New York. If there is anyone who can cite a *single* instance in which a member of the medical staff has been removed on *purely* political grounds let him speak out, and I am sure it will be news to New York physicians. Yours respectfully,
Truth and Fairplay.

THEY AGREED.

Sharp had been ailing many weeks,
With drugs and pills
He had been crammed by Dr. Freaks
Till trifling ills
Had grown until they did assume
A state which seemed his health to doom.
One day the doctor called and said,
With sober mien,
"Reflection on your case has bred
A cure not seen
Before in all my study's range,
You need, my friend, a thorough change."
A smile illumed the patient's face,
As he replied—
"With your conclusion on the case
I coincide,
Therefore you'll please withdraw and send
A substitute in Dr. Mend."

FATAL WOUNDS FROM FENCER'S FOILS.

The *Lancet*, July 2, recently made mention of the death of an Italian physician in consequence of an accident received while fencing. Dr. Enrico Tanfani, of Florence, was considered one of the most promising of the young medical professors of that city. While at the Fencing School, pitted against a formidable antagonist, the foil of the latter had its button broken off, and a fatal lunge was made before the defect was noticed. His death was mourned by all classes, especially by the faculties of the military and medical training schools. With both of these he had been connected in a teaching capacity. His death took place June 14. About one month later, a very similar fatality befel an American physician, namely, Dr. Charles C. Terry, of Fall River. He was in the habit of taking weekly lessons in fencing, and his teacher was the instrumentality by which the fatal accident was produced. Dr. Terry was struck in the eye by a foil from which the button had unobservedly been broken. The weapon pierced the right eye and penetrated the brain. The victim fell unconscious at once, and he continued thus for about three hours and then died. The deceased was in his fifty-sixth year, a graduate of the Medical Department of Harvard and for about thirty years a well-known practitioner of Fall River.

"I believe that Ponca Compound has a more decided alterative action upon the uterus and uterine mucous membranes than any known remedy. Under its internal administration I have seen long standing ulcerations heal, foul discharges cease, a spongy, inflamed and enlarged uterus reduced in size and become firm and healthy. In subinvolution it is invaluable, soon relieving such symptoms as headache, backache, sideache, bearing down feelings, bladder troubles, bloated abdomen, indigestion, constipation and many others that are a consequence of this condition."

R. M. HUTCHINS, M. D.

FORMULA:—Ext. Ponca, 3 grs.
Ext. Mitchella Repens, 1 gr.
Caulophyllin, ½ gr.
Helonin, ⅛ gr.
Viburnin, ⅛ gr.

Dose:—One Tablet four times a day.

100 Tablets will be mailed upon receipt of $1.00.

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PHENACETINE-BAYER

Antipyretic
Analgesic, or
Anodyne

PHENACETINE-BAYER IS A TRUE AND DISTINCT ORGANIC DERIVATIVE, not a mechanical mixture. It is indicated in influenza (la grippe) in all fevers, with or without pain, rheumatism and rheumatoid maladies, neuralgia, bronchitis, phthisis, pertussis, and the gastralgias. Phenacetine-Bayer acts promptly, and is both safe and effective. It is supplied in ounces, tablets and pills.

SULFONAL-BAYER

Hypnotic
Antineurotic
Nerve Sedative

INSOMNIA OF ALL KINDS YIELDS PROMPTLY TO SULFONAL-BAYER. It is useful in simple insomnia and in the cerebral disturbances of insanity. It is a pure hypnotic, a safe and effective remedy, and it does not give rise to a drug habit. As its action is slower than that of the narcotics, it must be administered properly (*see pamphlet*). Sulfonal-Bayer is supplied in ounces, tablets and pills.

EUROPHEN (A CRESOL-IODIDE IODOFORM SUBSTITUTE.)

Antiseptic
Antisyphilitic
Local Stimulant

AS A SUBSTITUTE FOR IODOFORM, Europhen is winning an enviable place in therapeutics. It has a special value in specific lesions; while as a surgical dressing in ulceration, open wounds, and septic conditions of the cavities, it has given excellent results. It is supplied in ounces. Europhen-Aristol, a combined product consisting of equal parts of each medicament, is also supplied in ounces.

ARISTOL (A THYMOL-IODIDE IODOFORM SUBSTITUTE.)

Antisuppurative
Antiseptic
Cicatrisant

THE VALUE OF ARISTOL in all the morbid conditions formerly treated by iodoform is widely recognized. In all external traumatisms, in cavital lesions and in many of the dermatoses it has given very satisfactory results. As a surgical application it is safe, inodorous and non-toxic. Aristol is supplied in ounces. Europhen-Aristol, a preparation consisting of equal parts of each medicament, is also supplied in ounces.

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"I endorse it as a real food of great value."—E. Chancellor, M. D., St. Louis.
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Two Bottles sent to any Physician who will pay Express charges.

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Dysmenorrhœa
AND ITS ALLEVIATION.

OVARIAN. SPASMODIC. | INTERMENSTRUAL. NEURALGIC. | MEMBRANOUS. TUBAL.

The prominent symptom in all cases of dysmenorrhœa, is the severe pain which demands relief, and which in nearly every instance, is mitigated by the use of whiskey or morphia, both of which are very injurious. A succedaneum for whiskey and morphia is a great desideratum, and this we find in ANTIKAMNIA (opposed to pain). Samples in powder and tablet form, sent free on application.

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ONLY $2 A YEAR.

NEWS AND MISCELLANY.

THE American Microscopical Association met in Rochester, N. Y., August 9th, and not August 10th as heretofore announced.

DR. DANIEL SMITH, thirty-four years old, of 143 East 32 st., city, was found insane on Saturday night in a nude condition. He was taken to Bellevue.

GREAT BRITAIN obtains a revenue of $98,500,000 annually from its stamp-duty on patent medicines. Thirty years ago the income from this source was $210,000.

The establishment of Tarrant & Co., importers of Hoff's Malt Extract and Wholesale Druggists, in this city, was partially destroyed by fire on Monday last. Loss about $125,000. Insurance, $90,000.

ALUMNI OF THE MEDICAL COLLEGE OF SOUTH CAROLINA, (CHARLESTON) have organized an association, and will establish and equip a laboratory of biology and pathology. Dr. Eugene Wasden, of the Marine Hospital Service, is President, and Dr. C. B. Calson, of Charleston, is Secretary and Treasurer.

WARREN INSANE ASYLUM, in Pennsylvania, is said to be conducted in an improper manner. Complaints now in the hands of Governor Pattison and the State Board of Lunacy cite "the most brutal outrages on the part of those in charge of the insane patients." The charges are sworn to by sufferers and spectators.

AT the 25th meeting of the American Otological Society held at New London, Conn., July 19 ult. the following officers were elected for the ensuing year: Dr. Gorham Bacon, of New York, *President;* Dr. H. Richards, of Des Moines, Iowa, *Vice-President;* Dr. J. B. Vermyne, of New Bedford, Mass., *Secretary and Treasurer.*

CIVIL SERVICE EXAMINATIONS.—An open competitive examination of candidates for Junior Assistants and Female Physicians, to fill vacancies in the medical staff of the several State Hospitals, will be held at rooms of the Civil Service Commission in Albany, August 24, 1892. Salary of Junior Assistants, $1,400 and board; Female Physicians, $1,200 and board. For further information, apply by mail to Clarence B. Angle, Secretary, Albany, N. Y.

JOHN B. RILEY,
Chief Examiner.

ALBANY, N. Y., July 20, 1892.

THE Mississippi Valley Medical Association will hold its eighteenth annual session at Cincinnati, Wednesday, Thursday, and Friday, October 12, 13, and 14, 1892, under the presidency of Charles A. L. Reed, M.D., Cincinnati. An excellent programme, containing the best names in the valley and covering the entire field of medicine, will be presented. An address on Surgery will be delivered by Dr. Hunter McGuire, of Richmond, Va., President of the American Medical Association. An address on Medicine will be made by Dr. Hobart Amory Hare, Professor of Therapeutics and Clinical Medicine, Jefferson Medical College, Philadelphia. The social as well as the scientific part of the meeting will be of the highest order. The officers of the Pan-American Medical Congress will hold a conference at the same time and place.

SANTAL-MIDY

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For gonorrhoea and all forms of urethritis. It replaces copaiba, cubebs, and other remedies, without producing eructations, offensive odor or diarrhœa, and the discharge is reduced to a slight oozing in forty-eight hours. It cures the most obstinate cases of cystitis and inflammation of the neck of the bladder.

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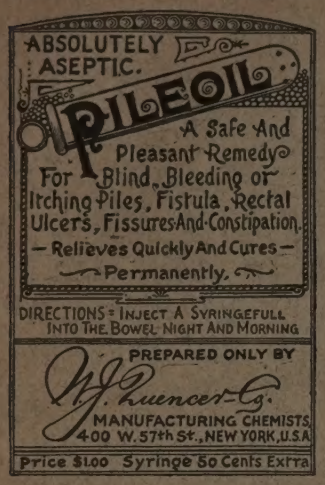
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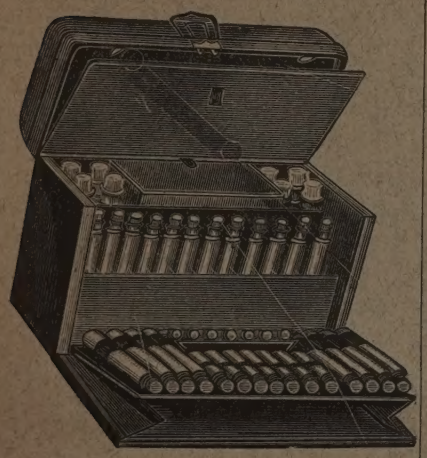

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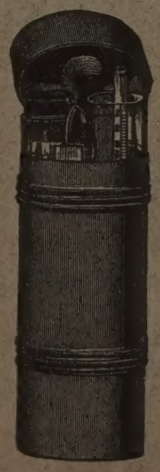

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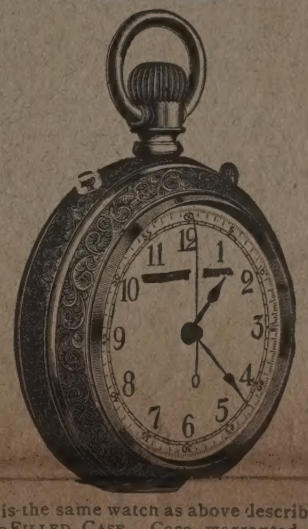

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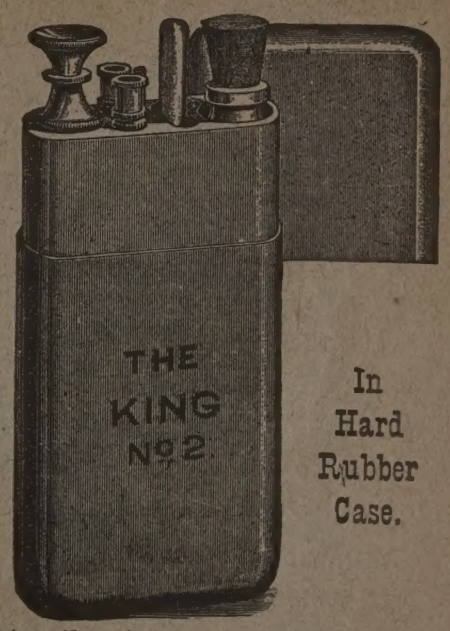

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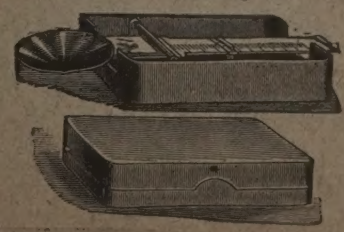

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